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November 28, 2024

Via ECF

The Honorable Andrew E. Krause
United States Magistrate Judge
Southern District of New York
United States Courthouse
300 Quarropas Street
White Plains, New York 10601

In light of this unfortunate news, the Petition is dismissed as moot. See, e.g., *Brooks v. Keyser*, No. 20-CV-3403, 2024 WL 474583, at *1 (S.D.N.Y. Feb. 7, 2024). The Clerk of Court is respectfully directed to close the case.

SO ORDERED.

RE: **22-cv-10014-CS-AEK**

Camacho v. New York State Department of Corrections and Communi


CATHY SEIBEL, U.S.D.J.

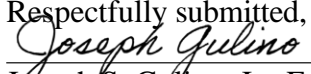
Dear Judge Krause:

11/29/24

As the Court may be aware, we represent Petitioner, Hector Camacho, in the above referenced matter. This letter is submitted to update the Court related to Mr. Camacho.

In or about February of 2024, Mr. Camacho, Petitioner herein, died while in New York State Department of Corrections and Community Services' care and custody. A copy of the Death Certificate is annexed to this letter.

Thank you for the Court's courtesies herein.

Respectfully submitted,

Joseph S. Gulino, Jr., Esq.

1 NAME: FIRST		2 SEX:		3A. DATE OF DEATH:			3B. HOUR:								
Hector Camacho Jr		Male		02 24 2024			09:20 AM								
4A. PLACE OF DEATH (Check one)				4B. IF FACILITY, DATE ADMITTED:											
<input type="checkbox"/> HOSPITAL INPATIENT <input type="checkbox"/> HOSPITAL OUTPATIENT <input type="checkbox"/> NURSING HOME <input type="checkbox"/> PRIVATE RESIDENCE <input type="checkbox"/> HOME FACILITY <input checked="" type="checkbox"/> OTHER (Specify): Fishkill Correctional Facility				MONTH DAY YEAR											
4C. NAME OF FACILITY: (If not facility, give address)				4D. LOCALITY (Check one and specify):											
18 Strack Drive				CITY VILLAGE TOWN Fishkill Town											
4E. COUNTY OF DEATH:				Dutchess											
4F. MEDICAL RECORD NO.				4G. WAS DECEDENT TRANSFERRED FROM ANOTHER INSTITUTION? (If yes, specify institution name, city or town, county and state)											
DC24-0237				NO YES <input checked="" type="checkbox"/> <input type="checkbox"/>											
5. DATE OF BIRTH:		6A. AGE IN YEARS:		6B. IF UNDER 1 YEAR:		6C. IF UNDER 1 DAY:		7A. CITY AND STATE OF BIRTH: (If not USA, Country and Region/Province)		7B. IF AGE UNDER 1 YEAR, NAME OF HOSPITAL OF BIRTH:					
MONTH DAY YEAR 06 24 1971		52 yrs		months days		hours minutes		Bronx Borough, New York							
8. SERVED IN U.S. ARMED FORCES? (Specify year)		9. DECEDENT OF HISPANIC ORIGIN? Check the boxes that best describe whether the decedent is Spanish/Hispanic/Latino.		10. DECEDENT'S RACE: Check one or more races to indicate what the decedent considered himself or herself to be.											
NO YES <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1		A <input type="checkbox"/> No, not Spanish/Hispanic/Latino B <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano C <input checked="" type="checkbox"/> Yes, Puerto Rican D <input type="checkbox"/> Yes, Cuban E <input type="checkbox"/> Yes, Other Spanish/Hispanic/Latino (Specify)		A <input checked="" type="checkbox"/> White/Caucasian B <input type="checkbox"/> Black or African American C <input type="checkbox"/> Asian Indian D <input type="checkbox"/> Chinese E <input type="checkbox"/> Filipino F <input type="checkbox"/> Japanese G <input type="checkbox"/> Korean H <input type="checkbox"/> Vietnamese I <input type="checkbox"/> Native Hawaiian J <input type="checkbox"/> Guamanian or Chamorro K <input type="checkbox"/> Samoan L <input type="checkbox"/> American Indian or Alaska Native (specify) M <input type="checkbox"/> Other Asian (specify) N <input type="checkbox"/> Other Pacific Islander (specify) O <input type="checkbox"/> Other (specify)											
11. DECEDENT'S EDUCATION: Check the box that best describes the highest degree or level of school completed at the time of death.		12. SOCIAL SECURITY NUMBER:		13. MARITAL STATUS:		14. SURVIVING SPOUSE:									
1 <input type="checkbox"/> 8th grade 2 <input type="checkbox"/> 9th-12th grade, no diploma 3 <input checked="" type="checkbox"/> High school graduate or GED 4 <input type="checkbox"/> Some college credit, but no degree 5 <input type="checkbox"/> Associate's degree 6 <input type="checkbox"/> Bachelor's degree 7 <input type="checkbox"/> Master's degree 8 <input type="checkbox"/> Doctorate/Professional degree		060-58-2793		NEVER MARRIED MARRIED WIDOWED DIVORCED SEPARATED <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		Enter birth name of spouse if married or separated.									
15A. USUAL OCCUPATION: (Do not enter retired)				15B. KIND OF BUSINESS OR INDUSTRY:				15C. NAME AND LOCALITY OF COMPANY OR FIRM:							
Unemployed				N/A				N/A							
16A. RESIDENCE (State or Country if not USA)		16B. County or Region/Province if not USA:		16C. LOCALITY (Check one and specify):		16D. IF CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS?									
NY		Dutchess		CITY VILLAGE TOWN Beacon		<input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, SPECIFY TOWN:									
16E. STREET AND NUMBER OF RESIDENCE:				16F. ZIP CODE:											
18 Strack Drive,ss				12508											
17. BIRTH NAME OF FATHER / PARENT:				18. BIRTH NAME OF MOTHER / PARENT:											
FIRST MI LAST Hector Camacho				FIRST MI LAST Sofia Gazco											
19A. NAME OF INFORMANT:				19B. MAILING ADDRESS: (include zip code)											
Debbie Camacho				3008 Route 6, Slate Hill Hamlet, NY 10973											
20A. 1 <input type="checkbox"/> BURIAL 2 <input type="checkbox"/> CREMATION 3 <input type="checkbox"/> REMOVAL 4 <input type="checkbox"/> HOLD 5 <input type="checkbox"/> DONATION 6 <input type="checkbox"/> ENTOMBMENT MONTH DAY YEAR 03 02 2024				20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION:				20C. LOCATION: (City or town and state)							
Cedar Hill Crematory				Newburgh Town, New York											
21A. NAME AND ADDRESS OF FUNERAL HOME:				21B. REGISTRATION NUMBER:											
Melendez Funeral Home LLC 30 Grove St, Middletown, NY 10940				01862											
22A. NAME OF FUNERAL DIRECTOR:				22B. SIGNATURE OF FUNERAL DIRECTOR:				22C. REGISTRATION NUMBER:							
Ambrosio Melendez Jr				Ambrosio Melendez Jr Electronically Signed				12416							
23A. SIGNATURE OF REGISTRAR:				23B. DATE FILED:				24A. BURIAL OR REMOVAL PERMIT ISSUED BY:							
Rebecca Tompkins Electronically Signed				MONTH DAY YEAR 02 29 2024				Cooper Leatherwood MONTH DAY YEAR 02 29 2024							
ITEMS 25 THRU 33 COMPLETED BY CERTIFYING PHYSICIAN -- OR -- CORONER/CORONER'S PHYSICIAN OR MEDICAL EXAMINER															
25A. CERTIFICATION: To the best of my knowledge, death occurred at the time, date and place and due to the causes stated.															
Certifier's Name:				License No.:		Signature:		Month Day Year							
Dennis Chute, MD				238299		Dennis Chute, MD Electronically Signed		02 27 2024							
Certifier's title: 0 <input type="checkbox"/> Attending Physician 1 <input type="checkbox"/> Coroner 2 <input checked="" type="checkbox"/> Medical Examiner / Deputy Medical Examiner				Address:		Month Day Year									
168 Washington St, Poughkeepsie, NY 12601															
25B. If coroner is not a physician, enter Coroner's Physician's name & title:				License No.:		Signature:		Month Day Year							
25C. If certifier is not attending physician, enter Attending Physician's name & title:				License No.:		Address:		Month Day Year							
26A. Attending physician attended deceased:				26B. Deceased last seen alive by attending physician:		26C. Pronounced Dead:		26D. Date of Death:		26E. Time of Death:					
FROM MONTH DAY YEAR TO MONTH DAY YEAR				MONTH DAY YEAR		ON MONTH DAY YEAR		02 24 2024		AT 09:20 AM					
27. MANNER OF DEATH:				28. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER?		29A. AUTOPSY?		29B. IF YES, WERE FINDINGS USED TO DETERMINE CAUSE OF DEATH?							
NATURAL CAUSE ACCIDENT HOMICIDE SUICIDE UNDETERMINED CIRCUMSTANCES PENDING INVESTIGATION <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> 6				0 <input type="checkbox"/> NO 1 <input checked="" type="checkbox"/> YES		NO YES REFUSED <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2		0 <input type="checkbox"/> NO 1 <input checked="" type="checkbox"/> YES							
CONFIDENTIAL SEE INSTRUCTION SHEET FOR COMPLETING CAUSE OF DEATH CONFIDENTIAL															
30. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C))															
PART I. IMMEDIATE CAUSE															
(A) Pending investigation															
DUE TO OR AS A CONSEQUENCE OF:															
(B) <<<<<<>>															
DUE TO OR AS A CONSEQUENCE OF:															
(C) <<<<<<>>															
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A) <<<<<<>>															
DID TOBACCO USE CONTRIBUTE TO DEATH?															
0 <input type="checkbox"/> NO 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> PROBABLY 3 <input checked="" type="checkbox"/> UNKNOWN															
31A. IF INJURY, DATE:				31B. INJURY LOCALITY: (City or town and county and state)				31C. DESCRIBE HOW INJURY OCCURRED:				31D. PLACE OF INJURY:			
MONTH DAY YEAR												31E. INJURY AT WORK?			
												NO YES <input type="checkbox"/> 0 <input type="checkbox"/> 1			
31F. IF TRANSPORTATION INJURY, SPECIFY:				32. WAS DECEDENT HOSPITALIZED IN LAST 2 MONTHS?				33A. IF FEMALE:				33B. DATE OF DELIVERY:			
1 <input type="checkbox"/> Driver/Operator 2 <input type="checkbox"/> Passenger 3 <input type="checkbox"/> Pedestrian				NO YES <input type="checkbox"/> 1 <input type="checkbox"/> 2				0 <input type="checkbox"/> Not pregnant within last year 1 <input type="checkbox"/> Pregnant at time of death 2 <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death				MONTH DAY YEAR			